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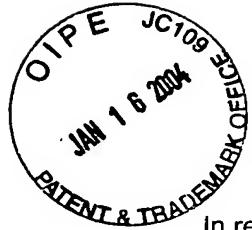
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01-20-04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: RICHARD C. WILSON

Appln. No.: 10/662,152

Filed: September 12, 2003

For: LAMINATE STRUCTURE SUITABLE FOR
FURNITURE EXTERIORS

Attorney Docket No: 12230-008

Examiner:

Art Unit: 2851

Commissioner for Patents
U.S. Patent and Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Attached is/are:

- Petition To Accord Filing Date

 Return Receipt Postcard

Fee calculation and payment:

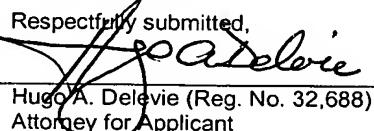
- No additional fee is required.
 An extension fee in an amount of \$ _____ for a _____-month extension of time under 37 C.F.R. § 1.136(a).
 A petition or processing fee in an amount of \$ _____ under 37 C.F.R. § 1.17(_____.)
 An additional filing fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Small Entity		Other Than Small Entity	
					Rate	Add'l Fee	Rate	Add'l Fee
Total		Minus			x \$9=		x \$18=	
Indep.		Minus			x 43=		x \$86=	
First Presentation of Multiple Dep. Claim					+\$145=		+\$ 290=	
					Total	\$	Total	\$

Fee calculation and payment:

- A check in the amount of \$ _____ to cover the above-identified fee(s) is enclosed.
 Please charge Deposit Account No. 23-1925 in the amount of \$ _____. A copy of this Transmittal is enclosed for this purpose.
 The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925. A copy of this Transmittal is enclosed for this purpose.

Respectfully submitted,


Hugo A. Delevie (Reg. No. 32,688)
Attorney for ApplicantU.S.P.S. EXPRESS MAIL "POST OFFICE TO ADDRESSEE" SERVICE
DEPOSIT INFORMATION

Express Mail Label No.: EV339727013US

Date of Deposit: 01/16/2004

BRINKS
HOFER
GILSON
& LIONEBRINKS HOFER GILSON & LIONE
P.O. Box 10395
Chicago, IL 60610



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: RICHARD C. WILSON

U.S. Appln. No.: 10/662,152

Filed: September 12, 2003

For: LAMINATE STRUCTURE
SUITABLE FOR FURNITUE
EXTERIORS

Attorney Docket No: 12230-008

Art Unit: 2851

Commissioner for Patents
U.S. Patent and Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

**PETITION TO ACCORD FILING DATE
UNDER 37 C.F.R. §1.10(d)**

Sir:

Petitioner hereby petitions to have the above-captioned application accorded a filing date of September 12, 2003, as provided under 37 C.F.R. §1.10(d).

Factual Background

On September 12, 2003, at approximately 11:57 pm EDT, Petitioner's undersigned representative hand-delivered to an employee of the United States Postal Service (USPS) at the USPS's Redford Branch, Redford, Michigan, six (6) separate Express Mail Envelopes, including one bearing Express Mail Label No. EV329458878US (copy attached as Exhibit A) and containing the above-captioned original application (a copy of the accompanying transmittal bearing this same Express Mail Label No. EV329458878US is attached at Exhibit B). Express Mail Label No. EV329458878US included a USPS corporate account authorization in full payment of the required postage.

Attached as Exhibit C is a copy of a letter on official USPS letterhead dated September 17, 2003, from Pamela Rambo, Manager, USPS Customer Services at the Redford Branch, which states:



BRINKS HOFER GILSON & LIONE
P.O. Box 10395
Chicago, IL 60610

To Whom It Concerns:

At approximately 11:57 PM on September 12, 2003, a U. S. Postal Service employee working the Customer Service window at the Redford Branch Post Office received six (6) Express envelopes, ("Express Mail Post Office to Addressee") each addressed to the "Commissioner for Patents, United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450".

EV 329456381US
EV 329458921US
EV 329458918US
EV 329458935US
EV 329458878US
EV 329458881US

If further questions concerning this matter, I may be contacted at 313-937-2145.

/Pamela Rambo/
Pamela Rambo
Manager, Customer Services

Processing delays at the Redford Branch experienced subsequent to USPS receipt of these six Express Mail envelopes, including the re-scanning/re-dating of two of the six Express Mail envelopes, resulted in the annotation by USPS employees of each of the Express Mail labels with the incorrect "date-in" of September 13, 2003, and with a respective "time-in" varying from 12:02am to 12:37am, as seen on the copies of all six Express Mail labels, collectively attached as Exhibit D (the latter range of indicated receipt times further serving to dramatically underscore the processing difficulties experienced by the USPS's Redford Branch

subsequent to simultaneous receipt of all of the envelopes at 11:57pm on September 12, 2003).

Within one business day, Petitioner's undersigned representative completed an Express Mail Deposit Log (copy attached as Exhibit E), further evidencing the deposit of the above-captioned application with the USPS on September 12, 2003.

Requirements For Grantable Petition

According to 37 C.F.R. 1.10(d):

- (1) The Petition must be filed promptly;
- (2) The number of the Express Mail mailing label must have been placed on the correspondence prior to the original mailing by "Express Mail;" and
- (3) The Petition must include a showing which establishes that the requested filing date was the date the correspondence was deposited in the "Express Mail Post Office to Addressee" service prior to the last scheduled pickup for that day, as corroborated by evidence from the USPS or that came into being after deposit and within one business day of the deposit.

The Application is Properly Accorded A Filing Date of September 12, 2003

Pursuant to 37 C.F.R. §1.10(d), Petitioner respectfully submits that this petition is timely filed; that the number of the Express Mail mailing label was duly placed on the correspondence prior to original mailing of the envelope (see the application transmittal, Exhibit B), and the envelope duly deposited with the USPS using the "Post Office to Addressee" Service, postage-paid, and addressed to the Commissioner for Patents (see Ms. Rambo's letter, Exhibit C); and that both the "official USPS annotation" (the letter from Ms. Rambo of the USPS's Redford Branch, Exhibit D) and the deposit log (Exhibit E) duly corroborate the true "date-in" of September 12, 2003.

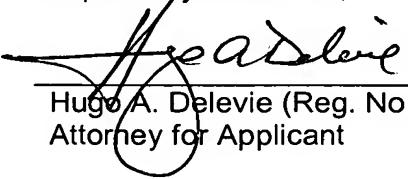


Conclusion

In view of the foregoing, Petitioner respectfully requests that the application be accorded a filing date of September 12, 2003.

Respectfully submitted,

01/16/2004
Date


Hugo A. Delevie (Reg. No. 32,688)
Attorney for Applicant

Attachments:

- Exhibit A: copy of Express Mail mailing label No. EV329458878US
- Exhibit B: copy of application transmittal
- Exhibit C: copy of USPS letter of September 17, 2003
- Exhibit D: copy of the Express Mail labels from all six (6) express mail envelopes
- Exhibit E: copy of Express Mail Deposit Log completed September 15, 2003



 EV 329458878 US		Customer Copy <small>Label 11-F June 2002</small>	
<p>EXPRESS MAIL</p> <p>UNITED STATES POSTAL SERVICE®</p> <p>Post Office To Addressee</p>			
ORIGIN (POSTAL USE ONLY)			
PO ZIP Code 46039 <input type="checkbox"/> 11:50 AM <input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second		Flat Rate Envelope <input type="checkbox"/> S 13.65	
Date In 9/13/03	Mo. Day AM	Postage S 13.65	
Time Int 12:17 AM	Mo. Day AM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight 4.2 lbs.	Int'l Alpha Country Code mc	COD Fee	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials mc	Total Postage & Fees S 13.65	
CUSTOMER USE ONLY METHOD OF PAYMENT: Express Mail Corporate Acct. No. A4-51154			
		Federal Agency Acct. No. or Postal Service Acct. No.	
FROM: (PLEASE PRINT) <input type="checkbox"/> SHIMAS HUFFED CILSON & LIGNE 214 S MAIN ST STE 200 MI 48104-7802		TO: (PLEASE PRINT) <input type="checkbox"/> Mail Stop Patent Applications COMMISSIONER FOR PATENTS US PATENT & TRADEMARK OFFICE PO BOX 1450 ALEXANDRIA VA 22313-1450	
L 12230-008 <input type="checkbox"/>		HAD/sko <input type="checkbox"/>	
<small>PRESS HARD. You are making 3 copies.</small> FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com			

In re Application of: RICHARD C. WILSON
For: LAMINATE STRUCTURE SUITABLE FOR FURNITURE EXTERIORS
Attorney Docket No: 12230-008
Express Mail" mailing label number: EV329458878US
Date of Deposit: September 12, 2003

BRINKS
HOFER
GILSON
& LIONE

UTILITY PATENT APPLICATION TRANSMITTAL

MS Patent Application
Commissioner for Patents
U.S. Patent and Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a new application under 37 C.F.R. §1.53(b), including the following elements and other papers:

- Specification, including 10 pages of application (including title page, claims and Abstract), 2 sheet(s) of drawings, and the following Appendices:
- Combined Declaration and Power of Attorney (2 pages) (Executed Unexecuted)
- Information Disclosure Statement, including Form PTO-1449 (3 sheets) and copies of references cited
- Assignment Recordation Cover Sheet and attached assignment to: _____
- Other: _____
- Return Postcard
- Fee calculation and payment:

Claims as Filed		Col. 1	Col. 2
For	No. Filed	No. Extra	
Basic Fee			
Total Claims	-20		
Indep. Claims	-3		
Multiple Dependent Claims Present			

Small Entity	
Rate	Fee
	\$ 375
x\$9=	\$
x\$42=	\$
+\$140=	\$
Total	\$375

Other Than Small Entity	
Rate	Fee
	\$ 750
x\$18=	\$
x\$84=	\$
+\$280=	\$
Total	\$

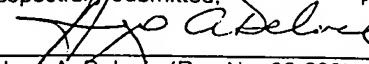
*If the difference in col. 1 is less than zero,
enter "0" in col. 2.

- A check in the amount of \$375 to cover the filing fee is enclosed.
 Please charge my Deposit Account No. 23-1925 in the amount of \$ _____. A copy of this Transmittal is enclosed.
 The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 23-1925. A copy of this Transmittal is enclosed.
 Any additional filing fees required under 37 CFR § 1.16.
 Any patent application processing fees under 37 CFR § 1.17.
 The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 23-1925. A copy of this Transmittal is enclosed.
 Any filing fees under 37 CFR § 1.16 for presentation of extra claims.
 Any patent application processing fees under 37 CFR § 1.17.

8. Correspondence Address: Please address all future communications to:

Hugo A. Delevie
BRINKS HOFER GILSON & LIONE
P.O. Box 10395
Chicago, IL 60610
(734) 302-6000

Respectfully submitted,


Hugo A. Delevie (Reg. No. 32,688)
 Attorney/Agent Of Record
 37 C.F.R. § 1.34(a)

September 12, 2003

Date

BRINKS HOFER GILSON & LIONE
P.O. Box 10395, Chicago, IL 60610

REDFORD BRANCH
12245 BEECH DALY
REDFORD, MICHIGAN 48239-9998



September 17, 2003

To Whom It Concerns:

At approximately 11:57 PM on September 12, 2003, a U. S. Postal Service employee working the Customer Service window at the Redford Branch Post Office received six (6) Express envelopes, ("Express Mail Post Office to Addressee") each addressed to the "Commissioner for Patents, United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450".

EV 329456381US
EV 329458921US
EV 329458918US
EV 329458935US
EV 329458878US
EV 329458881US

If further questions concerning this matter, I may be contacted at 313-937-2145.

A handwritten signature in black ink, appearing to read 'Pamela D. Rambo'.

Pamela D. Rambo
Manager, Customer Services

Customer Copy
Label 11-F June 200



EV 329456381 US

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code 48234	Day of Delivery 10/01	Flat Rate Envelope <input type="checkbox"/> Next <input type="checkbox"/> Second	
Date 9/11/03	Postage 10/01	S 13.65	
Mo. Day Year 9/11/03	Time 10 AM	Return Receipt Fee <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	
Weight .47	Int'l Alpha Country Code CA	COD Fee	Insurance Fee
<input type="checkbox"/> Weekend	<input type="checkbox"/> Holiday	Total Postage & Fees S 13.65	

CUSTOMER USE ONLY

METHOD OF PAYMENT:
Express Mail Corporate Acct. No. **X431154**

FROM: (PLEASE PRINT)
 **BRINKS HUFFER GILSON & LIONE
524 S MAIN ST STE 200
ANN ARBOR MI 48104-7902**
Eric Sosenko/fair
10987-009



UNITED STATES POSTAL SERVICE

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo.	Day	<input type="checkbox"/> AM <input type="checkbox"/> PM
Delivery Attempt	Time	Employee Signature
Mo.	Day	<input type="checkbox"/> AM <input type="checkbox"/> PM
Delivery Date	Time	Employee Signature
Mo.	Day	<input type="checkbox"/> AM <input type="checkbox"/> PM

WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is valid if waiver of signature is requested. I wish delivery to be made without obtaining signature on my addressee or addressee's agent if delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY Weekend Holiday Customer Signature

Federal Agency Acct. No. or
Postal Service Acct. No.

TO: (PLEASE PRINT)
 **Mail Stop PETITIONS
COMMISSIONER FOR PATENTS
US PATENT & TRADEMARK OFFICE
P.O. BOX 1450
ALEXANDRIA VA 22313-1450**

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Customer Copy
Label 11-F June 2002



EV 329458878 US

ORIGIN (POSTAL USE ONLY)

PO ZIP Code 48139	Date 9/13/03	Priority <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope
Date In 9/13/03	Mo. Day Year 9/13/03	Time In 12:17 AM	Postage S 13.65
Weight 4.2 lbs.	Int'l Alpha Country Code	COD Fee	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials MC	Total Postage & Fees S 13.65	

Customer Use Only

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.
X431154

FROM: (PLEASE PRINT)

PHONE ()

BRINAS HUFFER GILSON & LIONE
324 S MAIN ST STE 200
ANN ARBOR MI 48104-7902

12230-008

HAD/sko

PRESS HARD.

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FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com



UNITED STATES POSTAL SERVICE

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent if delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY Weekend Holiday

Customer Signature

Federal Agency Acct. No. or
Postal Service Acct. No.

TO: (PLEASE PRINT)

PHONE ()

Mail Stop Patent Applications
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PO BOX 1450
ALEXANDRIA VA 22313-1450





EV 329458918 US

ORIGIN (POSTAL USE ONLY)

From ZIP Code <i>49039</i>	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope <input type="checkbox"/>
Date In <i>9/13/03</i>	Time In <input type="checkbox"/> 10 AM <input checked="" type="checkbox"/> 11 AM <input type="checkbox"/> 1 PM	Postage <i>S 13.65</i>
Time To <input checked="" type="checkbox"/> AM <i>12230-009</i> <input type="checkbox"/> PM	Military <input type="checkbox"/> 1st Day <input checked="" type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight <i>4.8 lbs.</i>	Int'l Alpha Country Code	COD Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials <i>X481154</i>	Insurance Fee
		Total Postage & Fees <i>S 13.65</i>

CUSTOMER USE ONLY**METHOD OF PAYMENT:**

Events Mail Corporate Acct. No.

UNITED STATES POSTAL SERVICE

Customer Copy
Label 11-F June 2002

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. <input type="checkbox"/> Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. <input type="checkbox"/> Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. <input type="checkbox"/> Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent. If delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY Weekend HolidayCustomer Signature - *XXXXXXXXXX*Federal Agency Acct. No. or
Postal Service Acct. No.**FROM: (PLEASE PRINT)**PHONE ()BRINKS MURKIN GILSON & LIONE
524 S MAIN ST STE 200
ANN ARBOR MI 48104-7902**TO: (PLEASE PRINT)**PHONE ()MAIL STOP PCT
COMMISSIONER FOR PATENTS
US PATENT & TRADEMARK OFFICE
P.O. BOX 1450
ALEXANDRIA VA 22313-1450

12230-009

HAD/alr

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Customer Copy
Label 11-F June 2002



EV 329458881 US



UNITED STATES POSTAL SERVICE

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)

PO ZIP Code 11230	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In 9/13/03	Postage <input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> PM	S 13'65
Time In 12:02	Military <input type="checkbox"/> AM <input type="checkbox"/> PM	Return Receipt Fee <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day
Weight 6.1 lbs.	Int'l Alpha Country Code 001	COD Fee <input type="checkbox"/> Insurance Fee <input type="checkbox"/>
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials ML	Total Postage & Fees S 13'65

DELIVERY (POSTAL USE ONLY)

Delivery Attempt Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Date Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if receiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent if delivery employee judges that article can be left at addressee's location and I understand that delivery employee's signature constitutes valid proof of delivery.		
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		Customer Signature ML

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No. **X462154**

Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE (**1**)

DRINKS HOFFER GILSON & LIONE
524 S MAIN ST STE 200
ANN ARBOR MI 48104-7902

12230-010

HAD/alr

TO: (PLEASE PRINT)

PHONE (**1**)

MAIL STOP PCT
COMMISSIONER FOR PATENTS
US PATENT & TRADEMARK OFFICE
PO BOX 1450
ALEXANDRIA VA 22313-1450

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Customer Copy
Label 11-F June 2002



EV 329458921 US

ORIGIN (POSTAL USE ONLY)

PC ZIP Code <i>48239</i>	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In <i>9/13/03</i>	Postage <i>MON</i>	13.65
Mo. Day Year <i>Mon 13 03</i>	12 Noon <input type="checkbox"/> 3 PM <input checked="" type="checkbox"/>	Time In <i>12:37:03</i>
Time In <i>12:37:03</i>	Military <i>091503</i>	Return Receipt Fee
Weight <i>5.4 lbs.</i>	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery	Acceptance Clerk Initials <i>S.4</i>	Total Postage & Fees <i>\$ 13.65</i>
<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No. *X-51194*



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

WAVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is not available if signature is waived. I request delivery without obtaining signature of addressee or addressee's agent if delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY Weekend Holiday

Customer Signature *[Signature]*

FROM: (PLEASE PRINT)

PHONE ()

BRINKS HOFFER GILSON & LIGNE
524 S MAIN ST STE 200
ANN ARBOR MI 48104-7902

12230-Oll

HAD/alr

Federal Agency Acct. No. or
Postal Service Acct. No.

TO: (PLEASE PRINT)

PHONE ()

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ALEXANDRIA VA 22313-2450

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Customer Copy
Label II-F June 2002



EV 329458935 US



UNITED STATES POSTAL SERVICE

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)

PO ZIP Code 48239	Day of Delivery 9/13/01	Flat Rate Envelope <input type="checkbox"/> Next <input type="checkbox"/> Second <input type="checkbox"/>
Date In 9 13 01	Mo. Day Year	Postage S 13.65
Time In 12:55 PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight 6.0 OZS.	Int'l Alpha Country Code U.S.	COD Fee <input type="checkbox"/> Insurance Fee <input type="checkbox"/>
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance/Clerk Initials J	Total Postage & Fees S 13.65

DELIVERY (POSTAL USE ONLY)

Delivery Attempt <input type="checkbox"/> Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt <input type="checkbox"/> Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Date <input type="checkbox"/> Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent if delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.		
<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
Customer Signature		

CUSTOMER USE ONLY

METHOD OF PAYMENT: Express Mail Corporate Acct. No. X461154		Federal Agency Acct. No. or Postal Service Acct. No.
FROM: (PLEASE PRINT) BRINKS HOFFER GILSON & LIONE	PHONE (1)	TO: (PLEASE PRINT) MAIL STOP PCT
524 S MAIN ST STE 200 ANN ARBOR MI 48104-7902		COMMISSIONER FOR PATENTS US PATENT & TRADEMARK OFFICE PO BOX 1450 ALEXANDRIA VA 22313-1450
12230-012	EAD/alr	



PRESS HARD:

You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com

EXPRESS MAIL DEPOSIT LOG

Brinks Hofer Gilson & Lione
5524 S. Main Street, Suite 200, Ann Arbor, MI 48104

EXPRESS MAIL DEPOSIT LOG						
Brinks Hofer Gilson & Leone 5524 S. Main Street, Suite 200, Ann Arbor, MI 48104						
For Date(s) of Deposit:			/2003 to /2003			
Express Mail Label No.	Attorney Docket No.	Place Of Deposit	Last Stated Pickup	Date And Time Of Deposit	Depositor's Initials	Date And Time Of Log Entry
EV 329456381 US	10987-009	Redford Branch 12245 Beech Daly Rd Redford, MI 48239	11:59 pm	11:57 pm 9/12/03	KAJ	3:13 pm 9/15/03
EV 329458878 US	12230-008	Redford Branch 12245 Beech Daly Rd Redford, MI 48239	11:59 pm	11:57 pm 9/12/03	KAJ	3:14 pm 9/15/03
EV 329458878 US	12230-009	Redford Branch 12245 Beech Daly Rd Redford, MI 48239	11:59 pm	11:57 pm 9/12/03	KAJ	3:15 pm 9/15/03
EV 329458881 US	12230-010	Redford Branch 12245 Beech Daly Rd Redford, MI 48239	11:59 pm	11:57 pm 9/12/03	KAJ	3:17 pm 9/15/03
EV 329458921 US	12230-011	Redford Branch 12245 Beech Daly Rd Redford, MI 48239	11:59 pm	11:57 pm 9/12/03	KAJ	3:18 pm 9/15/03
EV 329458935 US	12230-012	Redford Branch 12245 Beech Daly Rd Redford, MI 48239	11:59 pm	11:57 pm 9/12/03	KAJ	3:20 pm 9/15/03